## DECLARATION OF INVENTOR AND POWER OF ATTORNEY

As a below named inv ntor, I hereby declare that:

Inventor's signature <u>Patricia M. Peo</u> Residence: 3314 Mystic Port Place, Toms River, NJ 08753

Post Office Address: Sam

My residence, post office address and citizenship are as stated below my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought for the invention entitled PAPER HANDLING AID, the specification of which X is attached hereto. \_\_ was filed on \_\_\_\_\_, as Application Serial No. . I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56(a). I hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) (Number) (Country) (Day/Month/Year Filed) No (Number) (Country) (Day/Month/Year Filed) No I hereby claim the benefit under 35 USC §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application: (Application Serial No.) (Filing Date) (Status) And I hereby appoint Michael R. Philips, whose address is P.O. Box 1818, Toms River, New Jersey. US. as my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the patent office connected therewith. I, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon, hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true. Full name of sole or first inventor Patricia M. Reo Citizenship <u>USA</u>
Date \_\_// \_ / \_ 0 - 3